



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576**  
500 James Robertson Parkway, 4<sup>th</sup> Floor  
Nashville, Tennessee 37243  
(615) 741-1670

**Limited Capital Reinsurers**  
**(To Be Filed On Or Before September 1)**

**Company Name:** \_\_\_\_\_

**NAIC Cocode:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Source Codes: 880/214 \$1,500.00**

According to Tenn. Code Ann. § 56-4-106, a credit life and health reinsurer is required to pay a nonrefundable regulatory fee of one thousand-five hundred dollars (\$1,500).

Please send this payment of one thousand-five hundred dollars (\$1,500) along with a cover letter or a copy of this letter. The address is as follows:

State of Tennessee  
Department of Commerce and Insurance  
Division of Insurance  
P.O. Box 198983  
Nashville, TN 37219-8983

HOWEVER, PLEASE NOTE: If the payment is mailed via an overnight courier, the following address should be used:

State of Tennessee  
Department of Commerce and Insurance  
Attention: Premium Tax Section  
Financial Affairs Section  
500 James Robertson Parkway, 4th Floor  
Nashville, TN 37243

Should you have any questions, please send your request to the attention of the Tax Audit Section or contact the Tax Audit Section at (615) 741-1670.